

UPDATE

New Guidelines Aim to Stop Heart Disease in Kids

The American Heart Association released new guidelines to fight heart disease before it gets started - in children. The guidelines encourage parents to limit high-fat food, salt and sugar for all children starting after age two, and to limit sedentary activities such as television and computer time.

Prevention should include diet changes, increased physical activity and in some instances drugs for high blood pressure and high cholesterol for children at high risk. The “American Heart Association Guidelines for Primary Prevention of Atherosclerotic Cardiovascular Disease Beginning in Childhood” is the first comprehensive set of guidelines that address beginning prevention efforts in childhood. The guidelines were written by the work group of the American Heart Association’s Council for Cardiovascular Disease in the Young. Lead author Rae-Ellen W. Kavey, M.D., chair of cardiology at Children’s Memorial Hospital, Northwestern University – Feinberg School of Medicine in Chicago says “There is now quite a large body of evidence documenting pathologic and physiologic changes when hypertension, high cholesterol and diabetes are present in childhood. Because the process of heart disease begins then, prevention should hold the most promise when it is initiated in children.”

The guidelines address three areas. The first identifies “health promotion goals” for all children. Guidelines recommend that physicians assess diet, tobacco use and physical activity level at every visit. Pediatricians should educate parents to restrict high-fat foods after age 2 and limit salt and sugar intake. Sedentary time should be reduced, including limiting children to no more than two hours of television a day.

The second area identifies children and adolescents at high risk for cardiovascular disease by assessing the factors mentioned above plus measuring height, weight, body mass index (BMI) and blood pressure. Physicians should also check regular updates of family medical history and test cholesterol levels in high-risk children. This section identifies those children who should have specific testing and provides normal data to allow physicians to interpret results.

The third area focuses on intervention for children with identified risks. For children and adolescents with abnormal cholesterol, this includes dietary changes to reduce low-density lipoprotein (LDL) – the so-called “bad cholesterol” – and considering cholesterol-lowering drugs for those with a strong family history of premature cardiovascular disease. For children with blood pressure above the 95th percentile for their age, gender and height, the guidelines suggest restricting sodium (salt), and emphasizing weight control. Guidelines recommend diet and increased physical activity for overweight and obese children. Weight management should be directed at all overweight family members.



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